

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041573

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10849

STATE FILE NUMBER

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sister of the Poor		d. STREET ADDRESS (If outside, give location) 3225 N. Florissant	
3. NAME OF DECEASED (Type or print) Anna D. Hobbs		4. DATE OF DEATH October 30, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1882
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY At Home	
10a. BIRTHPLACE (City and state or country) Fancy Farm, Kentucky.		10b. CITIZEN OF WHAT COUNTRY U.S.A.	
11a. FATHER'S NAME Jim Ballard		11b. MOTHER'S MAIDEN NAME Angeline King	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		13. SOCIAL SECURITY NO. Nil.	
14. NAME OF HUSBAND OR WIFE Ernest Hobbs		15. INFORMANT Charles Hobbs, 1264 N. 49th, St. East St. Louis, Ill.	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH ???	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) 4200	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from May 12, 1963 to Oct. 30, 1963 and last saw her alive on Oct. 25, 1963 Death occurred at 4:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Bernard H. Hoppe, M.D.		22b. ADDRESS 309 Northland Medical Bldg	22c. DATE SIGNED 10-31-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-31-63	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) La Center, Kentucky.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd		25. DATE RECD. BY LOCAL REG. NOV 1 1963	26. REGISTRAR'S SIGNATURE Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1
2 2209
3
4 1
5 1
6
7 1
8 2
9
10
11
12 86-0
13
86

DATE AMENDED
2
INSTEAD OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.